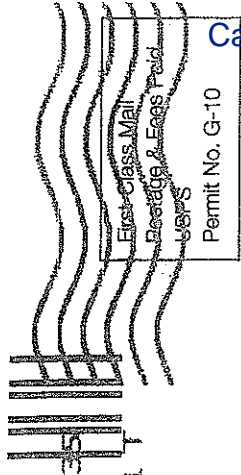


EXHIBIT "A"

UNITED STATES POSTAL SERVICE  
**POSTMASTER**  
ROME NY 13440-9998

UTICA NY 135  
08 SEP 2006 PM 1

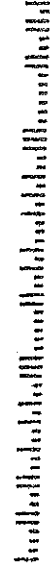


SEP 11 2006

Joseph Zupnik, Managing Partner  
Stonehedge Health and Rehab Center  
801 North James Street  
Rome, NY 13440

EP-51

13440+3324-01 C014



OFFICER IN CHARGE



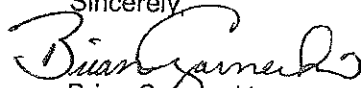
Joseph Zupnik, Managing Partner  
Stonehedge Health and Rehabilitation Center  
801 North James Street  
Rome, NY 13440

Subject: Request for Change of Address Information

Dear Mr. Zupnik:

In response to your August 15, 2006 request for "a copy of the falsified or forged document . . . indicating that Ms. Halbritter filed for a change of address . . ." please find enclosed a copy of the PS Form 1093 submitted to the Postal Service on or about April 6, 2006.

Sincerely,

  
Brian Czarniecki  
Officer in Charge

**OFFICIAL MAIL FORWARDING CHANGE OF ADDRESS ORDER**  
Please PRINT items 1-10 in blue or black ink. Your signature is required in item 9.

1. Change of Address for: (Read Attached Instructions)  
Individual (#5) ☒ Entire Family (#5) ☒ Business (#6) ☒ 2. Is This Move Temporary? ☒ Yes ☒ No

3. Start Date: (ex. 02/27/08) 4. 4 06 5. 5a. LAST Name & Jr./Sr./etc. HALBRITTER 5b. FIRST Name and MI Jane 6. If BUSINESS Move, Print Business Name Stonehedge 7a. OLD Mailing Address 801 N James St 7b. For Puerto Rico Only: If address is in PR, print urbanization name, if appropriate. 7c. OLD CITY Rome 7d. State NY 7e. ZIP 13440 8a. NEW Mailing Address PO Box 8b. For Puerto Rico Only: If address is in PR, print urbanization name, if appropriate. 8c. NEW CITY Naples 8d. State FL 8e. ZIP 34107 9. Print and Sign Name (see conditions on reverse) Print Jane Halbritter 10. Date Signed 040306 (ex. 01/27/08) PS FORM 3506 JANUARY 2006 Visit usps.com to change your address online or call 1-800-ASK-USPS (1-800-275-8777) 0106

**OFFICIAL USE ONLY**  
Zone/Route ID No. 11314410114  
Date Entered on Form 3852 M D Y 01 01 06  
Expiration Date M D Y Y  
Clark/Carrier Endorsement e 1

**OFFICIAL MAIL FORWARDING CHANGE OF ADDRESS ORDER**

Please PRINT items 1-10 in blue or black ink. Your signature is required in item 9.

1. Change of Address for: (Read Attached Instructions)      2. Is This Move      Yes      No  
 Individual (#5)      Entire Family (#5)      Business (#6)      Temporary?

3. Start Date:      4. If TEMPORARY move, print date to  
 (ex. 02/27/06)      discontinue forwarding: (ex. 03/27/06)

5a. LAST  
 Name &  
 Jr./Sr./etc.

5b. FIRST  
 Name  
 and MI

6. If BUSINESS  
 Move, Print  
 Business Name

**OFFICIAL USE ONLY**

Zone/Route ID No.

Date Entered on Form 3982  
M M D D Y YExpiration Date  
M M D D Y Y

Clerk/Carrier Endorsement

1

PRINT OLD MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.) OR PO BOX

7a. OLD  
 Mailing  
 Address

7a. OLD  
 APT or  
 Suite

7c. OLD  
 CITY

7d.  
 State

7e.  
 ZIP

PRINT NEW MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.) OR PO BOX

8a. NEW  
 Mailing  
 Address

8a. NEW  
 APT/Ste  
 or PMB

8c. NEW  
 CITY

8d.  
 State

8e.  
 ZIP

9. Print and Sign Name (see conditions on reverse)

Print:

Sign:

10. Date  
 Signed:

(ex. 01/27/06)

**OFFICIAL USE ONLY**